

FORM
5A

Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400214884

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 47120 4. Contact Name: CARA MAHLER
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6029
3. Address: P O BOX 173779 Fax: (720) 929-7029
City: DENVER State: CO Zip: 80217-

5. API Number 05-123-18359-00 6. County: WELD
7. Well Name: HSR-SEKICH FARMS Well Number: 2-20
8. Location: QtrQtr: NWNE Section: 20 Township: 3N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 09/23/2011 Date of First Production this formation: 09/27/2011
Perforations Top: 6934 Bottom: 7202 No. Holes: 118 Hole size: 0.38

Provide a brief summary of the formation treatment: Open Hole: ☐

(9/2/2011) CDL REPERF: 7190-7202 HOLES 48 SIZE .38 (9/2/2011) NB REPERF: 6934-7054 HOLES 52 SIZE .42
Re-Frac Codell down 4-1/2" Csg w/ 209,105 gal Slickwater w/ 150,520# 40/70, 4,000# SB Excel.
Re-Frac Niobrara A & B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 257,218 gal Slickwater w/ 197,400# 40/70, 4,000# SB Excel.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 10/10/2011 Hours: 24 Bbls oil: 91 Mcf Gas: 252 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 91 Mcf Gas: 252 Bbls H2O: 0 GOR: 2769
Test Method: FLOWING Casing PSI: 554 Tubing PSI: Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1310 API Gravity Oil: 47
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

Bridge Plug Depth: Sacks cement on top:

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Print Name: CARA MAHLER

Title: REGULATORY ANALYST 1 Date: 10/13/2011 Email CARA.MAHLER@ANADARKO.COM

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400214884 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
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Total: 0 comment(s)